County Medical Services Program Newsletter

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Basal Cell Carcinoma

The incidence of Basal Cell Carcinoma (BCC) is increasing. Different than squamous cell carcinoma's association with cumulative sun exposure, BCC risk is higher in populations with intermittent intense exposure, such as our homeless population. Physical factors increasing risk include fair complexion, red or blond hair, and light eye color. Immunosuppression can also increase risk of BCC along with medications such as psoralen (methoxsalen), arsenic, ionizing and ultraviolet A radiation. Once a patient has been diagnosed with a BCC, the incidence of a subsequent cancer is increased tenfold.

BCC is most common on the sun-exposed areas. Head and neck tumors account for 80% of cases followed by trunk, arms and legs. Nodular basal cell presents the classic pearly papule with overlying telangiectasias, though it can resemble enlarged pores or pits on the sebaceous skin of the central face. Superficial basal cell presents as a scaly erthematous patch or plaque. Both nodular or superficial BCC can contain melanin imparting shades ranging from brown to blue or black. A morpheaform presentation may resemble a whitish, indurated scar-like plaque with indistinct margins. Biopsy is the usual diagnostic tool for suspicious lesions.

Risk factors for recurrence or metastasis include tumor diameter > 2 cm., location on the central face or ears, incomplete excision, perineural or perivascular spread or aggressive histologic growth pattern. Rates for metastasis are below 1%.

Treatment usually amounts to local excision with median recurrence interval of about 9 years. Surgery can either be through standard or Moh's techniques with similar recurrence rates. Radiation therapy can be an alternative therapy for tumors which are not resectable but is not recommended in individuals < 60 years of age due to the risk of subsequent radiation induced malignancies. In a comparison with surgery, radiation therapy had a recurrence rate of 7.5% compared to 0.7% for surgery.

Imiquod had been approved as a topical immune-response modifier for treatment of small primary, superficial lesion on the trunk, neck, leg or arms of individuals. It is not for use on facial lesions and "long term" follow-up indicates that 79% of individuals treated and clear of disease by 12 weeks remain disease free at 24 months. Photodynamic therapy seems to have limited efficacy with recurrence rates of 6 to 44% though subsequent treatments continue to provide benefit.

Surgery is the recommended treatment with lesions on the face benefiting from the cosmetic results of Moh's surgery.

Rubin, A., Elbert, H., Ratner, D., (2005) Basal Cell Carcinoma NEJM Vol 353(21): p. 2262-9.

Summary of P&T Actions – October 2005

New Products

- Ophthalmic cromolyn sodium
- Ophthalmic steroids
  - PA not required when ordered by ophthalmologist
- MS Contin & methadone: long acting narcotics with monthly supply up to 100 units/month
  - 1 short acting (60/mo) and 1 long acting (100/mo) narcotic allowed without prior authorization
- benzapril (Lotensin)
- enalapril (Vasotec)

Added to step therapy

- Actoplus Met
- Triglide (3rd line)

Line Extension (All require prior authorization)

- Asmanex Twisthaler
- Revatio
- Boniva
- Megace ES – (PA only for brand name)
- Zemplar
- Actonel with calcium
- Fortical
- Zmax

Other

Diabetic test strips: Lifescan and Bayer are preferred products

REMINDER

The online CMS Formulary is updated every 6 months. Next update January 2006

Direct online address:
www2.sdcounty.ca.gov/hhsa/documents/Formulary.pdf

Authorization Requests
We receive authorization requests routinely for a variety of requested services. Unfortunately, the requests often do not have sufficient information for us to make a determination. This leads to avoidable delay in authorizing procedures and frustration for your office and the patient.

To facilitate a timely response to your request, please remember to include the following information;

- Clear identification of the test/treatment being requested
- The reason for the test or how the test will assist you in formulating an ongoing treatment plan
- Historical information regarding symptoms, treatment and examination findings which would justify the request

In this particular situation- neatness and legibility of chart notes and TAR documents is important. We try our best to decipher all materials sent to us, but it would help if the writing is legible. Thanks for your cooperation.

Influenza A and a possible pandemic
Currently "bird flu" and a discussion of a possible pandemic are constant elements within news programs seen by our patients. I thought this article by Drs. Bartlett and Hayden provided some perspective.

Influenza virus is a common pathogen among birds. The major surface glycoproteins that are prepared for vaccines are the hemaglutinin (H) and neuraminidase (N) proteins because these proteins tend to control infectivity. Currently there are 16 H subtypes and 9 N subtypes circulating in fowl. Only the H1, H2 and H3 subtypes have caused pandemics in humans. The 3 pandemics of the 20th century were the Spanish flu of 1918 (H1N1), the 1957-58 "Asian" flu (H2N2) and the 1968-69 "Hong Kong" flu (H3N2).

The occurrence in 1997 of avian influenza represented transmission of H5N1 from birds to humans. For a pandemic the new virus must have 3 properties. The ability to infect humans, antigenic naivete for the human population and the ability to transmit from person to person. H5N1 has not surmounted this final hurdle. To date- only one human to human transmission has been verified.

Avian flu appears to be highly lethal to humans with a 50% mortality rate among the numerous cases that have occurred in Southeast Asia and China

The mortality rate for Spanish flu was a mere 2% in comparison. These deaths have occurred in younger, previously healthy adults and children and are due to a hemorrhagic, necrotizing pneumonia.

Oseltamivir and zanamivir have been shown to have efficacy in vitro and in animal models. Amantadine and rimantadine have not. Clinical utility of these drugs in human disease or a pandemic, however, has not been shown.

Bartlett, J., Hayden, F. Influenza A (H5N1): Will it be the next pandemic influenza. Are we ready? Annals of Int. Med. Vol 143(6): p. 460-1. September 20, 2005.

Deep Vein Thrombosis
Kearon, et al in the April 5, 2005 issue of the Annals of Internal Medicine discuss the use of a testing procedure that can be completed in one day for the evaluation of suspected deep venous thrombosis. The process starts with an assessment by ultrasound of compressibility of the proximal veins (common femoral, femoral and popliteal veins, including the trifurcation of the calf veins). If this test were positive, i.e. the veins were not compressible, deep venous thrombosis would be confirmed and appropriate therapy instituted. However, if the test is negative the current standard of care is to have the patient return in 5-7 days for a repeat study. If the veins are again found to be compressible, the ongoing risk of venous thrombosis falls to about 2% in the absence of treatment and follow-up. In the article, of 400 patients assigned to venous ultrasound assessment, only 350 came back for follow-up at the appropriate time. This represents a failure rate of 12.5% in a situation with potentially life-threatening consequences for a missed clot.

Kearon's group proposed that a D-dimer test be done at the time of the initial assessment if the venous ultrasound was negative. In contrast to the one-week ultrasound follow-up this algorithm had 100% follow-up. If the d-dimer test was positive the patient underwent venography (assuming no contraindication to a dye study). If the d-dimer test is negative, the patient can be followed without treatment or other than usual follow-up and the risk of thromboembolism in this group was the same as for those with two negative ultrasound studies.

About one-quarter of the D-dimer group had positive findings on this test and the majority (84 of 99) underwent venography. The majority of these tests were negative and for those that were positive (19 positive and 7 non-diagnostic) half revealed thrombosis of the calf veins only.

Look for the following CMS documents on the County's website

Formulary (June 2005)	www2.sdcounty.ca.gov/hhsa/documents/Formulary.pdf
Quick Reference formulary	www2.sdcounty.ca.gov/hhsa/documents/QuickRef.pdf
Provider Newsletter	www2.sdcounty.ca.gov/hhsa/documents/05Vol4.pdf
	(Previous volumes: 05Vol1; 05Vol2; 05Vol3)
Physician Handbook	www2.sdcounty.ca.gov/hhsa/documents/CMS_Physician_Handbook.pdf
Hospital Handbook	www2.sdcounty.ca.gov/hhsa/documents/Hospital_Handbook_03.pdf
Ancillary Handbook	www2.sdcounty.ca.gov/hhsa/documents/Ancillary_HB_2003.pdf